

THE CITY OF SALISBURY

EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

HUMAN RESOURCES DEPARTMENT
City Office Building
132 North Main Street, 2nd Floor
P. O. Box 479
Salisbury, NC 28145-0479
(704) 638-5217 Phone
(704) 638-8454 Fax
(704) 638-5355 Job Opportunities Hotline



CURRENT DATA:

Position Applied For _____ Position # _____ Date _____

Name _____
(LAST) (FIRST) (MIDDLE) (PREFERRED NAME)

Mailing Address _____
(STREET, RFD or P.O. BOX) (CITY) (STATE) (ZIP)

Telephone: (Home) _____ (Business) _____ (Cell) _____

Email Address _____ If neither, where can you be reached? _____

Social Security No. _____ Are you at least 18 years of age? Yes _____ No _____
(SSN Voluntary, for record keeping and data processing)

EDUCATION AND TRAINING:

Type of School	Name and Location	Graduated	Type Diploma/Degree	Field of Study
High School / GED		Yes No		
Business or Technical School		Yes No		
College or University		Yes No		
Graduate School		Yes No		

List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance.

Do you possess a valid driver's license? Yes _____ No _____ DL # _____ Expire Date _____ State _____

Is your driver's license a Commercial Driver's License (CDL)? Yes _____ No _____ If YES, indicate the class _____

SPECIALIZED SKILLS:

Please list any skills, knowledge, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. If you wish consideration for a clerical position, indicate typing speed and word processing software packages used.

Relevant Skills / Experience: _____

Describe other special qualifications or skills (publications, public speaking, and membership in professional or scientific organizations, hobbies, or volunteer work). _____

Describe your Customer Service Work Experience: _____

GENERAL INFORMATION:

Minimum salary (wage) requirements \$ _____ per _____

Have you previously worked for the City of Salisbury? Yes _____ No _____ When _____ Dept. _____

Are you related by blood or marriage to any person now employed by the City of Salisbury? Yes _____ No _____

Name _____ Relationship _____ Dept. _____

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Have you pled guilty, nolo contendere (no contest) or been convicted of a felony in the last seven years? If yes, please describe in full. (Conviction will not necessarily disqualify an applicant from employment.) Yes _____ No _____

Are you a United States Citizen or do you currently have authorization to work in the United States?

Yes _____ No _____

Have you been terminated from previous employment? Yes _____ No _____ If yes, describe:

EMPLOYMENT HISTORY:

List your work history beginning with the present or most recent employer. Include details on periods of unemployment and military service, as well as part-time, summer, and related volunteer work. If more space is required, please request additional work history sheets or attach additional sheets using the same format.

<p>Name and Address of Employer _____</p> <p>Dates of employment From _____ To _____ Title of Position _____</p> <p>Full-Time _____ Part-Time _____ Name and Title of Supervisor _____</p> <p>Salary \$ _____ Reason you wish to leave _____</p> <p>Description of Duties and Responsibilities _____</p> <p>_____</p> <p>_____</p> <p>May we contact this employer? Yes _____ No _____</p> <p>Telephone Number: _____</p>
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EMPLOYMENT HISTORY CONTINUED:

Name and Address of Employer _____	
Dates of employment From _____ To _____	Title of Position _____
Full-Time _____ Part-Time _____	Name and Title of Supervisor _____
Salary \$ _____ Reason you wish to leave _____	
Description of Duties and Responsibilities _____	

May we contact this employer? Yes _____ No _____	
Telephone Number: _____	

Name and Address of Employer _____	
Dates of employment From _____ To _____	Title of Position _____
Full-Time _____ Part-Time _____	Name and Title of Supervisor _____
Salary \$ _____ Reason for leaving _____	
Description of Duties and Responsibilities _____	

May we contact this employer? Yes _____ No _____	
Telephone Number: _____	

Name and Address of Employer _____	
Dates of employment From _____ To _____	Title of Position _____
Full-Time _____ Part-Time _____	Name and Title of Supervisor _____
Salary \$ _____ Reason for leaving _____	
Description of Duties and Responsibilities _____	

May we contact this employer? Yes _____ No _____	
Telephone Number: _____	

I understand that an incomplete application will not be considered. An incomplete application is defined as one lacking any of the required information.

I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and that any false statements or major omissions shall be considered sufficient cause for employment disqualification or dismissal.

Signature _____

Date _____

Last 4 Digits of Social Security Number: _____

AUTHORIZATION AND ACKNOWLEDGEMENTS

I understand that employment with the City of Salisbury is contingent upon the successful completion of a medical exam which may include a physical and/or drug screen. I consent to the testing and understand that the result could preclude my employment.

I understand that acceptance of an offer of employment does not create an expressed or implied contractual obligation upon the employer to continue to employ me in the future.

Pursuant to the Immigration Reform and Control Act of 1986, I understand that, if hired, I must provide the City with the appropriate document(s) verifying both identity and employment eligibility to work in the United States.

Consistent with the provisions contained in the 1985 amendments to the Fair Labor Standards Act, I understand that it is the City's policy to compensate non-exempt employees for overtime work with compensatory time off, when possible, in lieu of overtime pay. If employed, I agree to accept, at the discretion of the City, either compensatory time off or overtime pay, as appropriate compensation for overtime work I may be required to perform as an employee of the City of Salisbury.

In accordance with the Americans with Disabilities Act, I understand the City will consider reasonable accommodation if requested.

I authorize and consent to a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Salisbury, whether the said records are of a public, private, or confidential nature. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that disclosure of my Social Security Number (SSN) is requested as part of this application for employment with the City of Salisbury. During the employment application process, my SSN will be used as a unique number in order to identify me within the City's current applicant tracking system. Disclosure of my SSN at the time I apply for employment is voluntary, but disclosure of my SSN is mandatory before I may be employed by the City.

I understand that the Federal Law requires the City to report income and SSN's for all employees to whom compensation is paid. Employee's SSNs are maintained and used by the City for payroll, benefits, internal verification and administrative purposes, to verify employment, and to conduct background checks.

Required Information for Consumer Reports:

Printed Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Previous Address if at Current Address less than 1 year: _____

Social Security Number: _____ Race: _____ Gender: _____

Drivers License Number: _____ State: _____

Signature _____ Date _____

This application is good for 90 days

The City of Salisbury is a Drug Free Workplace

THE CITY OF SALISBURY

EMPLOYMENT INFORMATION

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AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The City of Salisbury is dedicated to equality of opportunity. Accordingly, discrimination on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services is prohibited. As a matter of choice, an Affirmative Action Plan has been adopted.

APPLICATION INSTRUCTIONS

The Human Resources Department administers the recruitment and selection process for staff vacancies. Vacant positions are published on the Employment Opportunities Bulletin as vacancies occur. Information about posted vacancies is also available through the 24-hour Job Opportunities Hotline (638-5355) as well as the City of Salisbury website (www.salisburync.gov/hr). Applications are not accepted for positions that are not currently available. In addition, applications that are submitted which do not specify a vacant position will not be processed. The Human Resources Department is open from 8:30 a.m. until 5:00 p.m., Monday-Friday.

Your application is the primary source of information in considering you for employment and, therefore, should represent your best effort. Fill out all sections completely and to the best of your ability. Indicate the specific position for which you are applying. If you wish to apply for positions in different occupational areas, you must submit a separate application for each position. **A personal resume may be submitted as a supplement to the application. Applications that are unsigned, incomplete or do not specify the position for which you are applying will not be considered.** Providing false or misleading information or documentation may result in your application being disqualified or your dismissal, if employed. The disclosure of Equal Opportunity Information is voluntary. It is used to monitor recruitment efforts. This information in no way affects you as an applicant. Once submitted, application materials become the property of the City.

All candidates (including those applying for temporary or seasonal positions) are asked to submit to drug testing prior to being offered employment. A positive drug test result eliminates an applicant from further consideration. Candidates for regular full-time and part-time positions are required to get physicals paid for by the City. These physicals will be scheduled only after a conditional job offer is made. Employment is contingent upon a positive recommendation from the City's physician.

In accordance with Federal Law providing SSNs are voluntary. SSNs are used by the City for applicant tracking purposes. If selected for consideration for employment SSNs will be required.

EMPLOYEE BENEFITS

- * 12 days vacation (annual leave) per year increasing with service to 21 days
- * 12 days paid sick leave per year
- * 10 paid holidays per year
- * Free life and accidental death/dismemberment insurance
- * Contributory retirement system (LGERS)
- * Deferred Compensation Program
- * Disability Insurance
- * Free medical/hospitalization/dental insurance
- * Medical and Dependent Day Care Flex Spending Accounts
- * Employee Assistance Program
- * Education reimbursement
- * Merit Pay Plan
- * Credit Union membership
- * Worker's Compensation
- * Service recognition
- * 401(k) City Contribution
- * Uniforms
- * Wellness Program / Onsite Nurse Practitioner

(Part-time employees who work more than 1000 hours in a calendar year receive prorated benefits. Part-time employees who work less than 1000 hours in a calendar year receive no benefits.)

DEPENDENT AND FAMILY BENEFITS

- * Life and accidental death/dismemberment insurance
- * Supplemented premiums for dependent medical and dental insurance coverage
- * Credit Union membership
- * COBRA
- * Section 125 Medical and Dependent Care Reimbursement

OVERTIME COMPENSATION AGREEMENT

Employees who are classified as non-exempt under the provisions of the Fair Labor Standards Act (FLSA) always receive overtime pay or compensatory time off for working over 40 hours in one week. It is the City's policy to compensate employees for overtime work with compensatory time off, when possible, in lieu of overtime pay.

Thank you for your interest in employment with the City of Salisbury!

EQUAL OPPORTUNITY INFORMATION

The City of Salisbury is an Equal Opportunity/Affirmative Action employer. The following information is needed in order to comply with reporting requirements of the Equal Employment Opportunity Commission. This form will be separated from your employment application and will not be used in any way in the selection process or for any personnel action following employment.

DATE _____

POSITION APPLIED FOR _____

NAME _____
Last First Middle

ADDRESS _____

TELEPHONE _____ SEX: _____ Male _____ Female

DATE OF BIRTH: _____ SOCIAL SECURITY NO. _____
(SSN Voluntary, for record keeping and data processing)

CHECK IF APPLICABLE: _____ Disabled _____ Vietnam Era Veteran _____ Disabled Veteran

ETHNIC CATEGORY:

_____ White (Origins in Europe, North Africa, the Middle East, or the Indian Subcontinent)

_____ Black (Origins in any of the black racial groups)

_____ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or group, regardless of race)

_____ Asian or Pacific Islanders (Origins in the Far East, Southeast Asia, or the Pacific Islands)

_____ American Indian or Alaskan Native (Origins in the original peoples of North America)

The following information is needed to help evaluate the effectiveness of the recruitment program:

HOW DID YOU LEARN OF THIS OPENING? (Please check all that apply)

_____ Newspaper (which one?) _____

_____ Professional magazine or newsletter (specify) _____

_____ Employment Security Commission:

_____ City of Salisbury Website

_____ Job / Career Fair (If so, what location) _____

_____ Personal referral (who?) _____

_____ Other (specify) _____